| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 | | | | | | | | | Application or Docket Number 10-632739 | | | |
|---|--|---|---|--------------------------------|--|------------------|---|---------------------|--|----|---------------------|------------------------|
| | | CLAIMS A | (Column 1) | | | (Column 2) | | SMALL ENT | rity | OR | OTHER SMALL I | |
| U.S | . NATIONAL | STAGE FEES | | | | | | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | SMALL ENT. = \$ 150 | | LARC | SE ENT. = \$ 300 | | BASIC FEE | | OR | BASIC FEE | 3000 |
| EXA | MINATION FE | E | Satisfies PCT Article 33(1)- (4) = \$50 / \$ 100 | | All other situations = \$ 100 / \$ 200 | | | EXAM. FEE | | | EXAM. FEE | 1000 |
| SEARCH FEE | | | U.S. is ISA = \$ ALL other cou \$ 200 / \$ | intries = | All other situations = \$ 250 / \$ 500 | | | SEARCH FEE | | | SEARCH FEE | |
| FEE FOR EXTRA SPEC. PGS. | | | minu | us 100 = | / 50 = | | | X \$ 125 = | | 1 | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | minus 20 = . | | | | | X \$ 25 = | | OR | X \$ 50 = | |
| NDE | EPENDENT CL | AIMS | minus 3 = * | | | | | X \$ 100 = | | OR | X \$ 200 = | |
| MUL | TIPLE DEPEN | DENT CLAIM PRI | SENT | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTAL | | OR | TOTAL | |
| | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST NUMBER PRESENT | | | | | | | SMALL E | ADDI- | OR | OTHER SMALL E | ADDI- |
| AMENDMENT A | | AFTER AMENDMENT | | PREVIO | | EXTRA | | RATE | TIONAL FEE | | RATE | TIONAL FEE |
| | Total | * | Minus . | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | • | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | | (Column 1) | | (Colur | | (Column 3) | | | | _ | | |
| AMENDMENT B | , | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIO PAID | BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | , | OR | X \$ 50 = | |
| AME | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | ſ | + \$ 180 = | · | OR | + \$ 360 = | |
| | | | • | | | | _ | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | | | | | | | | | | | | |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".